

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <i>(FOR USE WITH FORM PTO-875)</i>							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51		/		
2							52		/		
3							53		/		
4							54		/		
5							55		/		
6							56		/		
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39							89				
40							90				
41							91				
42	1						92				
43		1					93				
44		1					94				
45		1					95				
46		1					96				
47		1					97				
48		1					98				
49		⑦					99				
50	1						100				
TOTAL IND.	2						TOTAL IND.	②			
TOTAL DEP.	7						TOTAL DEP.	6			
TOTAL CLAIMS	9						TOTAL CLAIMS	6			